PTO/SB/06 (08-03)
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Substitute for Farm P10-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ENTITY	OR T	OTHER TO SMALL EN	HAN
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								OR	TOTAL #	394
* If the difference in column 1 is less than zero, enter "0" in column 2.										
CLAIMS AS AMENDED - PART II							•	OR	OTHER	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.										
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The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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